

FEE STATEMENT FORM FOR TERMINATION RECORD					Application or Docket Number:																
Filing Date: January 1, 2003					10/050520																
<table border="1"> <thead> <tr> <th colspan="2">AMOUNT IN DOLLARS</th> <th colspan="3">AMOUNT IN CENTS</th> </tr> <tr> <th>(Column 1)</th> <th>(Column 2)</th> <th>(Column 3)</th> <th>(Column 4)</th> <th>(Column 5)</th> </tr> </thead> <tbody> <tr> <td>INDEPENDENT CLAIMS</td> <td>MINUS 3 =</td> <td>1</td> <td>NUMBER EXTRA</td> <td></td> </tr> </tbody> </table>					AMOUNT IN DOLLARS		AMOUNT IN CENTS			(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	INDEPENDENT CLAIMS	MINUS 3 =	1	NUMBER EXTRA		SMALL ENTITY TYPE <input type="checkbox"/> OTHER THAN OR <input type="checkbox"/> SMALL ENTITY	
AMOUNT IN DOLLARS		AMOUNT IN CENTS																			
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)																	
INDEPENDENT CLAIMS	MINUS 3 =	1	NUMBER EXTRA																		
					X42- <input type="checkbox"/> OR X64- <input type="checkbox"/> OR <input type="checkbox"/>																
					TOTAL <input type="checkbox"/> OR TOTAL <input type="checkbox"/>																
<p>* If the difference in column 1 is less than zero, enter "0" in column 2</p> <p><b>CLAIMS AS AMENDED - PART II</b></p> <table border="1"> <thead> <tr> <th>(Column 1)</th> <th>(Column 2)</th> <th>(Column 3)</th> </tr> </thead> <tbody> <tr> <td>AMOUNT</td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> </tr> <tr> <td>Total</td> <td>29</td> <td>20</td> </tr> <tr> <td>Independent</td> <td>2</td> <td>3</td> </tr> </tbody> </table>							(Column 1)	(Column 2)	(Column 3)	AMOUNT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Total	29	20	Independent	2	3			
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<p>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/></p> <p>9/2/04</p>																					
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AMOUNT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																			
Total	25	24																			
Independent	2	3																			
					RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/> XS 9- <input type="checkbox"/> 36 <input type="checkbox"/> OR <input type="checkbox"/> TOTAL ADDIT. FEE <input type="checkbox"/> 30 <input type="checkbox"/>																
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<ul style="list-style-type: none"> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>Write "Highest Number Previously Paid For" IN THIS SPACE if it is over 20, enter "20".</li> <li>If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul>																					

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